

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/458,862	12/10/99	514	1623	600.451US1

  

APPLICANT	ALLISON HUBEL, ST. PAUL, MN.
	<b>**CONTINUING DOMESTIC DATA*****</b> VERIFIED  
	<b>**371 (NAT'L STAGE) DATA*****</b> VERIFIED  
	<b>**FOREIGN APPLICATIONS*****</b> VERIFIED  

  

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/21/00 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 5
Verified and Acknowledged Examiner's Initials _____ Initials _____					

  

ADDRESS	SEE CUSTOMER NUMBER: 021186

  

TITLE	COMPOSITIONS AND METHODS FOR CRYOPRESERVATION OF PERIPHERAL BLOOD LYMPHOCYTES

  

FILING FEE RECEIVED  \$804	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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